

**Commonwealth of Massachusetts**  
**Executive Office of Health and Human Services**  
**Division of Health Care Finance and Policy**  
**Case Mix Datasets Application**

This is an application for the Massachusetts hospital case mix and charge data collected by the Division of Health Care Finance and Policy ("Division"). Case mix datasets include hospital inpatient discharges; outpatient observation discharges; and hospital outpatient emergency department visit data elements. Acute hospitals submit this data to the Division under 114.1 CMR 17.00: Requirement for the Submission of Hospital Case Mix and Charge Data.

In accordance with 114.5 CMR 2.00: Disclosure of Case Mix and Charge Data, the Division limits release of the data to research projects that demonstrate a compelling public interest while protecting the confidentiality and integrity of the datasets. Appropriate public interest uses include financial studies, performance monitoring, health planning and resource allocation studies, epidemiological studies, and health care research. The Division requires data protection that includes (but is not limited to) appropriate restrictions on access to the data sets; preventing disclosure of patient identifiers; reporting only cells with seven observations or more; and ensuring secure data storage.

Once we receive your completed application, the Division's Data Protection Committee (DPC) will review it to determine whether it meets the regulation's criteria. If you are requesting the unencrypted physician Board of Registration in Medicine License number as a companion file to Case Mix and Charge data files Levels IV through VI, the DPC Data Review Board will also review your application and any reports you generate for the potential impact on data subjects.

This application constitutes your agreement to adhere to the project description and protections that you have described, including but not limited to submitting to the DPC any reports you develop prior to publication to verify that you have followed all publication requirements of the regulation. Additional limitations and conditions may be added by the DPC.

After the DPC reviews your application, we will send you an e-mail notification of the Division's decision, including the fee amount, as applicable.

For questions about the application or the process, please contact the Division's Help Desk at 1-800-609-7232. You can also visit the Division's website at [www.mass.gov/dhcfp](http://www.mass.gov/dhcfp).

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**General Information and Instructions**

**Responses to questions:** For all answers on the application, please use additional space as needed and append any necessary attachments.

**Attach the following documents:**

- ☐ CVs or resumes of the Applicant and the Principal Investigator (if different from Applicant)
- ☐ For research projects, a copy of your IRB approval

**Dataset Documentation:** The Division posts a data document for each dataset by year in the Data Resources> Acute Hospital Case Mix Databases section of the Division's website [www.mass.gov/dhcfp](http://www.mass.gov/dhcfp).

**Physician Identifiers:** If you are requesting the unencrypted physician Board of Registration in Medicine License number as a companion file to Case Mix and Charge data files Levels IV through VI, the Data Review Board will also review your application and any reports you generate for the potential impact on data subjects.

**Expected Timeline:** The Data Protection Committee meets monthly, usually during the second week of the month. Applications received after the 10<sup>th</sup> of the month may be held for the next month's meeting. Once the application has been reviewed, we will send you an invoice. Once your payment is received, we will ship DVDs containing the datasets.

**Send via email:** This completed application and any electronic attachments, including signed pages if possible.

**Send via fax or hard copy:** Original signature pages and any information that cannot be emailed.

**Email Address:** [public.records@state.ma.us](mailto:public.records@state.ma.us)

**Street Address:** Public Records, Two Boylston Street, Boston, MA 02116

**Fax:** 617.727.7662 - Attention: Data Protection Committee

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<b>GENERAL INFORMATION</b>	
Applicant Name:	
Title:	
Organization:	
Address:	
Tel Number:	
Fax Number:	
E-mail address:	
Project Title:	

1. **PROJECT SUMMARY:** Briefly describe the purpose of your project and how this case mix data (the “Data”) will contribute to the project.

<b>DATA REQUESTED</b>
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2. Which hospital Case Mix Database(s) are you requesting?
- ☐ Inpatient Discharge  
☐ Outpatient Observation  
☐ Emergency Department
3. What level of Data are you requesting? A description of the data elements contained in each Level appears at 114.5 CMR 2.02 and is further described in Question 16 of the application.
- ☐ Level I  
☐ Level II  
☐ Level III
- ☐ Level IV  
☐ Level V  
☐ Level VI
4. Which hospital fiscal years (October 1 – September 30) are you requesting?
5. State the purpose of your request and the specific uses you intend for the Data. The regulation at 114.5 CMR 2.01(2) requires that your use of the Case Mix Data be in the public interest.

*Check as many as apply and explain below:*

- ☐ Clinical research  
☐ Health services research  
☐ Analyses to address public policy issues  
☐ Analyses to address private policy issues  
☐ Create products and tools such as quality measurements  
☐ Other, please specify

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6. Discuss in detail the studies, reports or products you will produce using the Data. Attach examples of or citations to similar work.

*Check as many as apply and explain below:*

- ☐ Health outcomes
- ☐ Quality
- ☐ Medical practice patterns
- ☐ Cost
- ☐ Utilization
- ☐ Access
- ☐ Markets
- ☐ Other, please specify

7. If you purchased Case Mix Data in the past, give examples of the studies, reports or products for which you used the Data and state whether they are representative of the purpose and use of this application.
8. Submit your résumé or curriculum vitae. If someone else is the principal investigator, include that person's résumé or curriculum vitae. For a Level II -VI data request, submit the résumés or curriculum vitae of all people who will have access to the Data. Also, if you are a past purchaser, note any changes from past applications.
9. You and your agents must ensure that cell sizes will not identify patients. Will you be using patient residence zip code in your study or use? If yes, state why you will include this information and how you will protect patient confidentiality.
10. Do you plan to link the data to aggregate level data, patient level data, vital statistics data or other databases? If yes, explain the steps you will take to prevent the identification of individual patients. In cases where you are linking the Data to other databases or other vital statistical information, the Division reserves the right to deny the request; grant the request but limit access to certain data elements; or perform the linkage at the Division and make available limited access to the linked data or a summary report.
11. In cases where a study proposes to identify specific medical records for further review or data abstraction, the Division may deny access unless the proposal has received approval from the Institutional Review Board (constituted in accordance with 45 CFR 46) of the sponsoring agency, or its equivalent, and the Division is satisfied that proper safeguards for the protection of patient privacy exist. Do you plan to identify specific medical records for further review or data abstraction? If yes, explain.
- a. If you plan to follow-up with hospitals, clinicians, other providers, payers, or health plans, explain why this is essential to your project.
  - b. If you plan to follow-up with patients, explain why this is essential to your project.

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12. If you will be conducting research with the Data, answer the following questions.
- If you will use the Data for consulting purposes, describe the nature of this consult and whether your clients will release the data they receive from your firm.
  - If you will sell standard report products using the Data, please describe the products and estimate the number and type of customers.
13. If you will you sell a product that was developed based the Data, describe the product and estimate the number and type of customers.
- Please describe how your product uses the Data. Will you resell the data itself (non-identifiable data only)?
  - Specify the type and number of customers who may purchase your products. If yes to any of the above questions, describe the types of products, services or studies, and estimate the number and types of clients for which you will use the data. State whether your customers will release this data to other parties.
14. If you are producing a report for publication in any medium (print, electronic, lecture, slides), the Division must review and approve the report prior to release. What is the approximate date that you will submit a draft to the Division?

**DATA SECURITY**

15. Data Processor: List the organization and lead individual that will process the case mix data. We may contact your processor to discuss security measures.

<b>Company Name:</b>	
Contact Person:	
Title:	
Address:	
Telephone Number:	
Fax Number:	
E-mail Address:	

16. Why do you need each identifiable data element that you are requesting? Check each identifiable data element requested and provide a short explanation for each.

Identifiable Data Element	Data Set that includes this element
<input type="checkbox"/> No Identifiable Data Elements requested	
<input type="checkbox"/> Unique Physician Number (UPN)	Level 2

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<input type="checkbox"/> Unique Health Information Number (UHIN)	Level 3
<input type="checkbox"/> UHIN and UPN	Level 4
<input type="checkbox"/> Stated Reason For Visit (ED Only)	Level 4
<input type="checkbox"/> Date Of Admission	Level 5
<input type="checkbox"/> Date Of Discharge	Level 5
<input type="checkbox"/> Date(s) Of Significant Procedures	Level 5
<input type="checkbox"/> Medical Record Number	Level 6
<input type="checkbox"/> Billing Number	Level 6
<input type="checkbox"/> Date Of Birth	Level 6

17. How will you maintain the security of the Data that you have requested? Describe your relevant qualifications and experience. Describe your organization's relevant qualifications and experience. If you are requesting identifiable data elements shown in the list above, what additional measures and protections will you use?
18. Describe the relevant qualifications and prior experience of any additional person(s) who will access the Data.
19. If you would also like to purchase the Massachusetts Hospital Specific Cost Weights at an additional cost of \$25 per year per grouper, check the appropriate box.
- ☐ AP Grouper
- ☐ APR Grouper

<b>ASSURANCES</b>
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I agree that:

- The Data will be used only for the purpose described in this request;
  - I cannot use or disclose the Data for any other purpose or in any other way than the purpose and uses described in this document. If I want to re-use the Data for another project, I will submit a new application.
- Any person or entity that processes or receives the data, or serves, as my agent will be contractually bound by the data security and protection requirements that I have agreed to follow.
- I will ensure that the cell size in every released report or dataset will not identify patients.
  - I will provide the Division with a final draft of my report or dataset before it is reviewed by anyone other than my agent(s) or me. The Division must review the report prior to the publication or release date.
  - Any data that I provide in a report, file or elements that contain only non-identifiable data elements.

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- I may release a report or transfer or exchange Data that contains only Level II data elements provided that I do not release any Data organized by individual record of discharge for groups of less than seven records;
  - I will not release any Data containing data that organized by individual record of discharge to any other person or entity;
  - I will not display any cell in any report or data table, printed or electronic with less than seven records or observations; instead, I will display a comment such as “Less than seven”; furthermore, I will apply complementary suppression techniques to ensure that cells with less than seven records cannot be identified by manipulating data in adjacent rows and columns.
  - I will not release any Data containing any of the identifiable data elements (listed in Question 16) organized by member identification number (UHIN) to any other person or entity.
  - I may release a report or transfer or exchange data that contains Level II data elements provided that I do not release data organized by individual record of discharge with a Unique Physician Number (UPN) for combinations of less than seven records.
  - If I prepare a report based upon Level III through Level VI Data, including summary studies that aggregate multiple records organized by UHIN, I will submit either a copy of the report or a proposal for a standard report format to the Division prior to releasing the report to another person or entity so that the Division can determine whether such release would violate the privacy rights of any data subject.
- I will cite the Division of Health Care Finance and Policy as the source of the Data in any studies, reports, or products in which I use the Data.
    - The Division of Health Care Finance and Policy assumes no responsibility for conclusions drawn from any analysis of data that was provided to the applicant.
    - I will indemnify, defend, and hold harmless the Division of Health Care Finance and Policy from any and all claims and losses accruing to any person, organization or other legal entity as a result of any violation of this Agreement;
    - I will clearly state that interpretations are my own and not those of the Division and;

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- I will provide the Division with an abstract and reference for any published research material resulting from the use of this data.
- I may release a hospital's own case mix data to that hospital for the sole purpose of verifying the accuracy of the hospital's data.
- I will immediately report any unauthorized use or disclosure of the Data to the Division.
- When my project is completed, I will destroy the Data or return it to the Division. I promise to send the Division a completed "Certification of Project Completion & Destruction or Retention of Data" form. If the Division allows me to retain the Data, I agree to continue the privacy protections for as long as I keep the Data. When retention of the Data is no longer justified and/or required by law, I will certify to the Division (via completion of the same Certification Form) that the Data have been destroyed.
- All my clients will adhere to the confidentiality and security requirements contained in this application. I will ensure that each client signs and returns the confidentiality assurances to me prior to their release of Level I Division Data.

I will comply with the requirements of the Massachusetts Fair Information Practices Act, Chapter 66A, and Regulation 114.5 CMR 2.00: Disclosure of Hospital Case Mix and Charge Data. I understand that if I fail to adhere to these requirements, I may be required to forfeit the data received as well as the right to receive case mix and charge data in the future. I also may be subject to other statutory sanctions.

**SIGNATURES:**

Applicant

Date:

For the Applicant's  
Institution:

Date

For the Division: ☐ Approved  
☐ Approved with conditions (see below):

Date

**CONDITIONS:**



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**Certification of Project Completion and Destruction or Retention of Data**

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Applicant Name:	
Title:	
Organization:	
Address:	
Tel Number:	
Fax Number:	
E-mail Address:	
Project Title:	
Data Sets:	
Years	
<input type="checkbox"/> Certification of Data Destruction	Date Data Destroyed:
<input type="checkbox"/> Request to Retain Data	Date Until Data Will Be Retained:

**Instructions:** Data must be destroyed so that it cannot be recovered from the electronic storage media. Acceptable methods include the use of file wiping software implementing at a minimum DoD.5200.28-STD (7) disk wiping, and the degaussing of backup tapes. Electronic storage media such as floppy disks, CDs, and DVDs used to store data must be made unusable by physical destruction.

I hereby certify that the project described in the Application is complete as of this date \_\_\_\_\_, \_\_\_\_\_, 20\_\_.

Complete the appropriate section, below:

☐ I/we certify that we have destroyed all data received from the Division in connection with this project, in all media that was used during the research project. This includes, but is not limited to data maintained on hard drive(s), diskettes, CDs, etc.

☐ I/we certify that we are retaining the data received in connection with the aforementioned project, pursuant to the following health or research justification (provide detail, use as much additional space as necessary and state how long the data will be retained).

☐ I/we hereby certify that we are retaining the data received from the Division in connection with the aforementioned project, as required by the following law. [Reference the appropriate law and indicate the timeframe].

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**SIGNATURES:**

Applicant \_\_\_\_\_ Date:

For the Applicant's  
Institution:

\_\_\_\_\_

For the Division: ☐ Approved  
☐ Approved with conditions (see below):

\_\_\_\_\_ Date:

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**Case Mix Data Price List**

Prices are based on category of use per Hospital Fiscal Year  
(Effective January 1, 2003)

<b>Inpatient Data</b>	
Single Use	\$1,050
Limited Multiple Use	\$2,100
Multiple Use	\$7,000
<b>Outpatient Observation Data</b>	
Single Use	\$420
Limited Multiple Use	\$840
Multiple Use	\$1,680
Multiple Use	
<b>Emergency Room Data</b>	
Single Use	\$1,050
Limited Multiple Use	\$2,100
Multiple Use	\$7,000

Prices effective January 1, 2003  
This document: November 2009

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**Data Use Category**

<b>Type</b>	<b>Description</b>
Single use	This category covers one project or study. The “product” of a single use is a journal article, seminar or other report on the project or study that may contain summaries of the data pertinent to the research or analysis.
Limited multiple uses	This category includes uses that do not fall under the “single use” or “multiple uses” categories, such as:
	<ul style="list-style-type: none"> <li>▪ Development and sale of custom reports for specific clients where the data is a part of a larger analytic service, i.e. consulting, which uses the data to produce a report or recommendations and/or to fulfill a consulting engagement</li> </ul>
	<ul style="list-style-type: none"> <li>▪ Functioning as a site license for analyses by a provider, plan or other organization.</li> </ul>
	<ul style="list-style-type: none"> <li>▪ Development and sale of a tool such as a severity index or weights, where the data are a component used in deriving the tool but the tool does not by itself access or disclose the data.</li> </ul>
Reseller/ Repackager	This category includes uses such as:
	<ul style="list-style-type: none"> <li>▪ Development and sale of reports principally composed of all or a portion of the data.</li> </ul>
	<ul style="list-style-type: none"> <li>▪ Development and sale of a product facilitating use of all or a of the data, with or without additional edits to the data, and</li> </ul>
	<ul style="list-style-type: none"> <li>▪ Data from other permitted sources, and/or a query tool to ease access</li> </ul>

The Division will use the highest applicable category. For example, an applicant who plans to develop and sell a software product and also produce custom reports for specific clients will be assigned to the “multiple uses” category.

**Fee Waivers:** The Division may waive the fee in the following circumstances: (a) requests by CMS or an agency of the Commonwealth, or (b) requests by researchers who can demonstrate that imposition of a fee would constitute a hardship. 114.5 CMR 2.04(10).